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ABSTRACT

This curriculum focuses on: (1) increasing adolescent students' knowledge of Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV); (2) increasing students' knowledge of prevention of HIV infection; (3) developing students' skills in recognizing risk behaviors; (4) developing students' skills in responsible decision making; (5) developing students' skills in resisting pressure to participate in risk behaviors; and (6) encouraging the development of positive peer groups norms for the prevention of HIV infection. An outline for a 3-day secondary school program of HIV education is provided. Day I activities include a pre-test and a videotape. Day II includes a presentation on AIDS, HIV, control of exposure, personalization of susceptibility, risk-reduction strategies, testing, living with HIV, resources, and distribution of a brochure. Day III continues risk reduction strategies on decision making and HIV. Forms and exercises are included. Lesson plans are included on developing awareness of behaviors which place a person at risk for HIV or developing personal control over exposure to HIV; encouraging a sense of personal susceptibility regarding HIV infection; and condom use. (ABL)

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WHICH OF THESE TEENS HAS AIDS?

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INTRODUCTION

This curriculum was developed as part of a joint project of Planned Parenthood of Austin and the Junior League of Austin to meet the urgent need to provide effective HIV education to teenagers. The activities and discussion present accurate and timely information in a format that encourages the students to discover the importance of developing risk reduction strategies and behaviors for the prevention of infection with HIV. The program incorporates the most recent findings of the research on adolescents and HIV, and aims to meet the following objectives:

1. To increase students' knowledge of Acquired Immune Deficiency Syndrome and the Human Immunodeficiency Virus.

2. To increase students' knowledge of prevention of HIV infection.

3. To develop students' skills in recognizing risk behaviors.

4. To develop students' skills in responsible decision-making.

5. To develop students' skills in resisting pressure to participate in risk behaviors.

6. To encourage the development of positive peer group norms for the prevention of HIV infection.

This curriculum is recommended for use in public school classrooms in which students, in a peer group setting, begin communicating about the issues of risk, prevention and protection. It can also be used to educate adolescents in alternative settings, i.e. community social service agencies serving high-risk youth.

1989
E. Sanchez

CLASS PRESENTATION OUTLINE

The following is an outline for a three-day secondary school program of HIV education. Each day's program is designed for a 50-minute presentation. It can be modified to meet time constraints if necessary, but the complete program is recommended and should be encouraged.

Day I

1. Administration of pre-test, "What Do you Know About HIV/AIDS?"

2. Viewing of video. Recommended video for teens:
   "In The Shadow of Love," 1991, WGBH Public Television
   Boston, Mass.

Day II

1. Introduction of presenter and program affiliation.

2. What is AIDS, HIV?

   A. Education, our only method of prevention - no vaccine, no cure presently available.

   B. Explanation of terms Acquired Immune Deficiency Syndrome for understanding of this condition.

   C. Explanation of function of immune system and effects of HIV on natural defenses.

3. How HIV is transmitted, not transmitted.

   A. Discussion of body fluids.

      1. Fluids that transmit HIV.

      2. Fluids that do **not** transmit HIV.

   B. Presentation of key question for risk-reduction: If I do it, is there any possibility I may share one of the three fluids that can transmit HIV (blood, semen or vaginal fluid) with another person?

   C. Discussion of activities that do **not** pose risk.

   D. Encouragement of compassion and support for persons living with HIV or AIDS (PLWA).

4. Control over exposure.

   A. Exercise: "In Your Control."

   B. Explanation that if not infected today, never have to be.

   C. Discussion of confidence that there will be no exposure to HIV requires two decisions: no needle or blood sharing, no sexual intercourse of any kind.

   D. Explanation: Most people, at some point in life, make the decision to engage in sexual intercourse. They must then learn to use proper protection with every act.

5. Personalization of susceptibility.

   A. Exercise: "General High School."

      1. Discussion of which characters were at risk for infection, and why.

      2. Discussion of behaviors of characters with references to common behaviors of high school students (breaking down risk group stereotypes).

6. Risk-reduction strategies

   A. Exercise: "4 C's of Protection."

   B. Exercise: "Condom Comfort."

7. Testing

   A. Explanation of Elisa, Western blot tests.

   B. Discussion of testing locations and fees, confidentiality.

8. Living with HIV.

   A. Discussion of living with HIV as a chronic illness.

   B. Explanation of the importance of early knowledge and treatment of HIV infection.

   C. Explanation of effects of emotions and attitudes on immune system, longevity, and quality of life.

9. Resources

   A. Discussion of local resources for more information.

10. Distribution of brochure, Which of These Teens Has AIDS? *

Day III

1. Risk reduction strategies continued: Decision-making and HIV.

   A. Exercise: "Reasons."

   B. Exercise: "Feels So Good."

*Note: The brochure, Which of These Teens Has AIDS? is available from Planned Parenthood of Austin, Inc. It was written and produced for teenagers, with eye-catching photographs, timely information and appropriate text for teen readers.

WHAT DO YOU KNOW ABOUT HIV/AIDS?
(Pre-test/Post-test)

OBJECTIVE:

To evaluate the student's level of knowledge of accurate information regarding HIV and AIDS for the purpose of program design and/or documentation of program effectiveness.

MATERIALS NEEDED:

Two copies of "What do you know about HIV/AIDS" per student. One copy is to be used as a pre-test. The second copy is to be used as a post-test.

PROCEDURE:

1. Prior to dissemination of any information regarding HIV/AIDS (before showing a video for initiating a discussion or exercise) explain to the students that they will be given an opportunity to learn about HIV/AIDS and how to prevent infection with the disease.

2. Explain that for the purpose of evaluation of the HIV education program's effectiveness, a measure of how much information they already have is needed.

3. Ask students to take 3-4 minutes to fill in the blanks on "What do you know..."

4. Remind them that this exercise will not be graded. It is to be anonymous, so not to put their name on their sheet, and to answer questions honestly. If they do not know an answer, they should simply write in "don't know."

5. After all students have finished, collect pre-tests and begin education program.

6. Following completion of the formal HIV education program, administer this exercise again as a post-test to document the level of knowledge and understanding provided by the program.

E. Sanchez, November, 1989

What do you know about HIV/AIDS?

What do the letters **A I D S** stand for?

A_____ I_____ D_____ S_____

AIDS is caused by a _____called _____.

The body system that protects you from disease is your_____.

Name three ways HIV can be spread.

_____

_____

_____

Name three ways HIV **cannot** be spread.

_____

_____

_____

The three body fluids of an infected person that have the highest concentration of HIV are:

_____

_____

_____

What are two effective ways you can protect yourself from HIV infection?

_____

_____

(over)

If concerned about past risk behavior (and a possible HIV infection) a person can:

_____

_____

IN YOUR CONTROL

Objectives:

1. To develop awareness of which behaviors place a person at risk for HIV.

2. To develop understanding of personal control over exposure to HIV.

Materials:

Chalkboard, chalk.

Procedure:

1. Tell students, "For the moment, let's assume we are all HIV negative." Write "HIV negative" on chalkboard and ask students what that means.

2. Next, write "HIV positive" below leaving space between "HIV negative" and "HIV positive" approximately 1 ft. wide. Ask students for meaning of that term.

3. Explain: "In order for us to go from HIV negative to HIV positive we would need to do something to cross this line," drawing a line under "HIV negative" and another line above "HIV positive."

4. Ask students, "What do people do that can take them from HIV negative to HIV positive?" Write answers (risk behaviors) in the space between "HIV negative" and "HIV positive" as students name them. Include: unprotected sexual intercourse; sharing of needles and blood; blood transfusions; and mother to child.

5. One by one discuss each behavior, explaining the risk of participation in that behavior and how we have control over it.

6. Begin with "mother to child," explaining that approximately 50% of babies born to infected mothers are born infected. Explain that the infection occurs during pregnancy or the birth process and that these children only survive a few years. "We therefore know none of us have been infected in that manner." Place an X across "mother to child" illustrating that this means of infection is not a source of concern to us regarding the possibility of our own infection.

7. Go on to "blood transfusions," explaining that this means of transmission is no longer of major concern due to the fact that since 1985 all blood that is donated is checked for the HIV virus. As the risk is explained to be relatively small, place an X across "blood transfusions."

8. Discuss the risk of needle sharing. Include an explanation of how blood is shared in this process (IV drug use) and how the sharing of steroid needles by athletes also presents a risk for infection with HIV. Discuss tatoos, ear piercing, blood brothers & sisters, and fist fights, illustrating the risk presented by each behavior. Explain that we have control over whether or not we participate in any form of needle or blood sharing and that if we make the decision **not** to participate in any of these, and stick to that promise to ourselves, we do not need to worry about becoming infected in this way. As control is discussed, place an X across "needle and blood sharing."

9. Move on to "unprotected sexual intercourse." Explain that unprotected intercourse presents risk of infection due to the exchange of semen and and/or vaginal fluid. Explain that unprotected intercourse of any kind presents this risk. Discuss vaginal, oral and anal sex illustrating exchange of sexual fluid - possibility for infection.

   Explain that this behavior is also within our control. We can decide not to have intercourse to avoid any risk of exposure to HIV or promise ourselves to only engage in protected intercourse to lower our risk of infection.

   Discuss the way in which a person can be confident not to be at risk for HIV infection by making 2 decisions and sticking with those promises to oneself: no needle or blood sharing and no intercourse of any kind.

   Explain that most people, at some point in their lives choose to have sexual intercourse. At that time, they need to learn necessary protective measures to lower their risk of HIV infection while engaging in intercourse.

   Summarize by explaining that whether or not they become infected with HIV is within their control. If not infected today, never have to be.

Created 1987, J. Dentler, Planned Parenthood of Cameron/Willacy County.
Adapted, 1989, E. Sanchez, Planned Parenthood of Austin.

IN YOUR CONTROL

HIV NEGATIVE

Blood Transfusions	IV Drug Use Needle Sharing Blood Sharing	Unprotected Sexual Intercourse	Mother to Child

HIV POSITIVE

If you are not infected today, you never have to be.

GENERAL HIGH SCHOOL

Objectives: To encourage a sense of personal susceptibility regarding HIV infection.

To dispel misconceptions regarding who gets HIV/AIDS, developing recognition of risk behaviors, not groups, as determinents for potential HIV infection.

To encourage changes in peer group norms that support risk reduction behaviors.

Materials: 10 index cards, each one printed with the name of one character in the soap opera.

Procedure: Explain that we all use some degree of denial to protect ourselves from being overwhelmed by the natural fear we feel of a fatal illness. Discuss briefly how this denial mechanism can work against us, by creating for us a false sense of security and lack of understanding of our susceptibility to the disease, allowing us to participate in behaviors that put us at risk for infection.

Tell the class that you will lead them in an activity that helps us break through those walls we build that keep us feeling safe while continuing to engage in risky behaviors.

Ask for the participation of 10 volunteers. Hand them the index card with their characters' name on it. Explain that they are to stand when their characters' name is first read and then remain standing until the end of the soap opera.

Read the script and the description of each character.

When finished, allow 2 - 3 minutes as the students all trace the chain of infection aloud, spontaneously.

Lead the class in tracing the infection as a group, using dialogue and interaction with the students and asking "If Tony is infected with HIV, who else could be infected?"

Discuss the following points:

1. Where could this chain have been broken? How?

2. In a similar, real-life situation, would David suspect that Monica may be infected with HIV and could pass it to him if they have unprotected intercourse?

3. Do you know people who participate in similar activities and behaviors as those of the characters in this soap opera? For example, do you know anyone who had intercourse with her boyfriend after going with him for a year? Do you know anyone who shot up once?

4. Make the point that we have believed that people must "sleep around" or "do drugs" regularly to get AIDS or become infected with HIV. But it only takes one act of unprotected sex, or sharing one needle, as illustrated in this situation.

E. Sanchez, November, 1989
Adapted from an exercise by
Jeffrey Hons, Bexar County
Hospital District

"GENERAL HIGH SCHOOL" *

David	17, Bowie High. Plays competitive soccer in the South Austin Youth Soccer, Gold Division. About to have his first sexual experience with Monica.
Monica	Sophomore at Bowie. Plays flute in the Honor Band. Works evenings at the Limited Express in Barton Creek Mall. One previous sexual experience with her ex-boyfriend Brandon, who she went with for a year.
Brandon	Senior and percussionist in Bowie Honor Band. Also has a rock band with four friends that plays at parties on weekends. Has had three sexual partners before Monica: Elise, Diane and Melanie.
Melanie	Melanie is 17, and is a close friend of Brandon's cousin. She goes to Anderson High and is on the drill team. She has had sexual intercourse with Brandon, and one other recent boyfriend, Alan. Once, at a party last June, she shot up with her friend Carla.
Carla	Also on the Anderson drill team and is a journalist for the high school paper. She has had two sexual partners, her ex-boyfriend Tony and her present boyfriend, Jesse.
Tony	Tony is a freshman at St. Edward's University and on the swim team. He's planning to study business. He was diagnosed last Thursday with HIV.

***Note:** Names, places should be modified by presenter for local use.

4 C's of Condom Use

OBJECTIVES:

To provide students with information on methods of protection from HIV infection with intercourse.

To encourage use of condoms with sexual intercourse.

To encourage communication between sexual partners regarding risks of HIV and prevention strategies and methods.

To develop awareness of importance of maintaining clarity of mind and judgement for prevention of HIV infection.

Materials:

Chalkboard, chalk, condoms.

PROCEDURE:

1. Write "4 C's of Condom Use" on chalkboard, listing below: Communication, Condoms, Comfort, Control.

2. Explain that for people who choose to have sexual intercourse, there are 4 important elements to protection from HIV infection. Add that these same steps will also provide protection from other sexually transmitted diseases and pregnancy.

3. Begin with **Communication,** suggesting that this one may be the most difficult of the four. Discuss the following points:

   A. AIDS/HIV requires new communication about sex, most critically between partners. We must now discuss sex and protection. This discussion may be difficult and often awkward, but essential.

   B. We have no role models; no training in how to have this discussion with partners. Use examples of movies, television shows in which couples "fall" into bed with no discussion of protection. We don't sit-in on real-life conversations like this either. Therefore, we need to figure this one out on our own.

   C. Discussion must occur before physical intimacy begins - over dinner, on the way home from the movies - **before** passionately embracing.

   D. We must promise ourselves we will have this talk and keep this promise, even if it is awkward.

E. Practice with friends or family to become more comfortable with the topic.

4. Go on to **Condom.** Explain that the condom is the best, and only available protection with intercourse against HIV.

   A. Show the class a condom, explaining how it serves as a barrier preventing the exchange of sexual fluids. Explain possible means of entrance into the bloodstream of partners' sexual fluid during unprotected intercourse.

   B. Demonstrate proper procedure, step-by-step, answering questions. Repeat proper procedures having class direct you, naming the next step.

   C. Suggest the importance of having more than one condom if the possibility of intercourse is present.

   D. Discuss places where condoms may be obtained, 24 hours/day, and cost.

5. Proceed to next element, **Comfort,** making the following points:

   A. A person must be comfortable with condoms, or they probably will not use them.

   B. Practice, ahead of time, getting accustomed to how condoms feel and practicing proper steps. If acceptable, pass condoms around the class, giving each student a chance to touch it. Or, have students go through steps of proper use with presenter.

   C. Women must be comfortable with condoms as well. Ask class why women should know how to use condoms correctly: need to know steps of proper use in case their partner has not learned them and the offer of incorporating condoms into lovemaking can win a resistant partner's enthusiasm for condom use.

6. Discuss **Control,** explaining that HIV presents us with a need to maintain self-control and clarity of mind. Raise following points:

   A. Drugs and alcohol interfere with judgement and decision-making abilities.

   B. The possibility of engaging in intercourse when a person would otherwise abstain, and/or engaging in unprotected intercourse when otherwise would use protection is much greater when drunk or high.

   C. We must stay in control in order to keep our promise to ourselves regarding protection from the AIDS virus.

STEPS OF PROPER CONDOM USE (for demonstration)

1. Check expiration date
2. Check seal of individual package
3. Open package, remove condom
4. Squeeze air out of tip of condom
5. Pull back foreskin (if uncircumcised)
6. Roll condom on erect penis, leaving room at the tip
7. Intercourse
8. Before loss of erection, hold rim of condom on to penis and withdraw penis.
9. Remove condom, wrap-up, dispose in trash can.

DISCUSS:

1. Pre-ejaculatory fluid.
   a. Importance of covering penis with condom before penis touches vagina at all.
   b. If condom is not rolling on - hazards of turning it over and using it. Throw away and begin again with new condom.
2. Cannot be re-used.
3. Safe lubricants - Discuss use of Astroglide and how it helps increase the sensation that may be decreased with the layer of latex.
4. Costs, where available for purchase, no prescription required, no age requirement.
5. Condoms should be kept in cool, dry place.
6. Benefits of use of spermicide containing non-oxynol-9 in combination with condom. Show examples of spermicides.

NOTE TO TEACHER: "Condom Comfort" is a fun activity and excellent follow-up to this demonstration of proper condom use. It is included in the Positive Images curriculum by Peggy Brick and Carolyn Cooperman and may be obtained from Planned Parenthood of Bergen County, Inc., 575 Main Street, Hackensack, New Jersey 07601.

E. Sanchez,
R. Murillo, 1989

Day III

Exercises: "Reasons"
"Feels So Good"

In order to encourage self-assertiveness among the students and their ability to make responsible, informed choices, students will benefit from skill development in decision-making and refusal skills. The Day III presentation includes exercises in decision-making and refusal skills adapted from the curriculum Preventing AIDS, 1989, Education Development Center, Inc.

1. Reasons - This activity, which we at Planned Parenthood of Austin entitled Reasons, allows students to work in small groups discussing with peers the reasons people their age make various decisions regarding their sexuality. They also discuss how the desired benefits of those decisions could be met by means of alternative activities and involvement without the risks and responsibilities involved in sexual intercourse. See Preventing AIDS, p. HS 27-29.

2. Feels So Good - This exercise is "Saying No" from the Preventing AIDS curriculum. We renamed it in order to be more appealing to students. In this activity, students work together with their peers to find ways to assert themselves in the face of peer pressure. In small groups they create responses to common pressure tactics, and then share them with the class as a whole.

   Both these exercises encourage the development of new peer norms and support positive behavior changes among adolescents.

   For copies of these exercises see Preventing AIDS, 1989, Education Development Center, Inc., 55 Chapel St., Newton, MA 02160, (617) 969-7100.